

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M		11-29-01
O.I.P.E. CLASSIFIER		49	12/7/01
FORMALITY REVIEW	Drw	751	12-10-01
RESPONSE FORMALITY REVIEW	MA	875	2/6/02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date	Claim	Date	Claim	Date
1		51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
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9		59		109	
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11		61		111	
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27		77		127	
28		78		128	
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42		92		142	
43		93		143	
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47		97		147	
48		98		148	
49		99		149	
50		100		150	

BEST AVAILABLE COPY

VC 525  
 12-10-01  
 JC 1077  
 2/7/02

If more than 150 claims or 10 actions  
 staple additional sheet h r

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